

RECEIVED
CENTRAL FAX CENTER

MAR 16 2007

SYLKE LAW OFFICES, LLC

756 NORTH MILWAUKEE STREET, SUITE 210

MILWAUKEE, WISCONSIN 53202

PHONE 414-431-2317

FAX 414-431-1317

FAX TRANSMITTAL COVER SHEETDate: March 16, 2007

Total number of pages including cover sheet: 48

To: Mail Stop Amendment, United States Patent and Trademark Office
Attn: Examiner A. Sharon, Art Unit 2123
P.O. Box 1450
Alexandria, VA 22313-1450

Fax No.: **571-273-8300**

From: C. Thomas Sylke

Comments: Examiner Sharon:

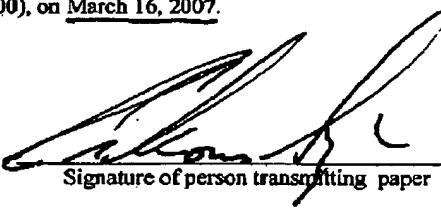
Attached please find a supplemental information disclosure statement and non-U.S. patent document for U.S. Serial No. 10/817,128 (Atty. Docket No. 0101-p03). Please contact the undersigned if you have any questions. Thank you for your assistance.

C. Thomas Sylke
Reg. No. 32,312

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached cover sheet and attachments are being transmitted by facsimile to Mail Stop Amendment, United States Patent and Trademark Office Attn: Examiner A. Sharon, Art Unit 2123, at the United States Patent and Trademark Office (Fax No. 571-273-8300), on March 16, 2007.

C. Thomas Sylke
Printed name of person transmitting paper


Signature of person transmitting paper

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL IMMEDIATELY AT:

414-431-2317**IMPORTANT: PLEASE DELIVER IMMEDIATELY**

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the intended recipient, any dissemination, distribution, copying or use of this document is strictly prohibited. If you have received this communication in error, please notify us by telephone (414-431-2317) to arrange for the destruction or return of the original document to us. Thank you.

PTO/SB/21 (08-08)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 48

Application Number	10/617,128
Filing Date	02 April 2004
First Named Inventor	Ciaffi
Art Unit	2123
Examiner Name	Sharon, A.
Attorney Docket Number	0101-p03

**RECEIVED
CENTRAL FAX CENTER****MAR 16 2007****ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<small>Remarks</small> 1 reference (40 pages); certificate of fax transmission; copy of Fee Transmittal Form PTO/ SB/017 for deposit account processing (if needed).		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sylke Law Offices, LLC		
Signature			
Printed name	C. Thomas Sylke		
Date	16 March 2007	Reg. No.	32,312

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	C. Thomas Sylke	Date	16 March 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/817,128
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	02 April 2004
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Cloffil
\$180.00		Examiner Name	Sharon, A.
		Art Unit	2123
		Attorney Docket No.	0101-p03

RECEIVED
CENTRAL FAX CENTER
MAR 16 2007

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 50-3349 Deposit Account Name: Sylke Law Offices, LLC		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

- Each claim over 20 (including Reissues)
- Each independent claim over 3 (including Reissues)
- Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
	- 20 or HP =	x	=			
				HP = highest number of total claims paid for, if greater than 20.	50	25

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
	- 3 or HP =	x	=		
				HP = highest number of independent claims paid for, if greater than 3.	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	0	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Submission per 37 CFR 1.17(p)

Fee (\$)	Fee Paid (\$)
0	180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,312	Telephone	414-431-2317	
Name (Print/Type)	C. Thomas Sylke				Date	16 March 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) \$180.00
-------------------------	----------------

Complete if Known	
Application Number	10/817,128
Filing Date	02 April 2004
First Named Inventor	Cloffi
Examiner Name	Sharon, A.
Art Unit	2123
Attorney Docket No.	0101-p03

RECEIVED
CENTRAL FAX CENTER

MAR 16 2007

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 50-3349 Deposit Account Name: Sylke Law Offices, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	0	50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0	360	180	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Submission per 37 CFR 1.17(p)

Fee Paid (\$)

0

180.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		32,312	414-431-2317
Name (Print/Type)	C. Thomas Sylke	Date	16 March 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE MAR 16 2007

In re application of: CIOFFI et al. Attorney Docket No.: 0101-p03
Application No.: 10/817,128 Examiner: Sharon, A.
Filed: 02 April 2004 Group: 2123
Title: **DSL SYSTEM ESTIMATION AND PARAMETER RECOMMENDATION**

**INFORMATION DISCLOSURE STATEMENT
37 CFR §§ 1.56 AND 1.97**

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

via Certificate of Fax Transmission dated March 16, 2007

Dear Sir:

Any U.S. patent document references listed under the heading "U.S. Patent Documents" in the attached Information Disclosure Statement may be material to examination of the above-identified patent application. Any non-U.S. patent document references listed under the headings "Foreign Patent or Published Foreign Patent Application" and "Other Documents" in the attached Information Disclosure Statement, copies of which are attached, may be material to examination of the above-identified patent application. Applicant submits any identified references in compliance with its duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to consider these references and make them of official record in this application.

Though one or more of the cited references might be material to the patentability of the pending claims in the present application, Applicant respectfully submits that the pending claims are nevertheless allowable over the art of record and the references cited herein. Applicant also notes that the attached PowerPoint presentation document was originally in color; if the Examiner would like a color copy of the document, Applicant's counsel would be happy to provide one by email and/or first class mail.

03/19/2007 TL0111 00000021 10817128

01 FC:1806

100.00 0P

MAIL STOP AMENDMENT
Commissioner for Patents
March 16, 2007
Page 2 of 2

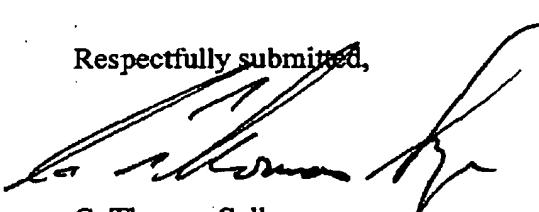
This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

This Information Disclosure Statement is being filed within the time period specified by 37 CFR § 1.97(c) and is accompanied by the fee set forth in 37 CFR § 1.17(p), pursuant to 37 CFR § 1.97(c)(2).

If it is determined that any additional fees are due, please contact the undersigned immediately at 414-431-2317.

Dated: March 16, 2007

Respectfully submitted,



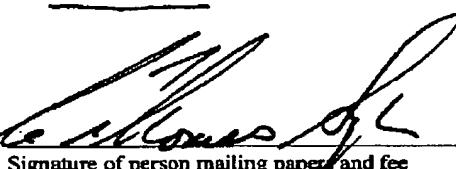
C. Thomas Sylke
Registration No. 32,312

Sylke Law Offices, LLC
756 N. Milwaukee St.
Suite 210
Milwaukee, Wisconsin 53202
Phone: 414-431-2317

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached cover sheet and attachments are being transmitted by facsimile to Mail Stop Amendment, United States Patent and Trademark Office Attn: Examiner A. Sharon, Art Unit 2123, at the United States Patent and Trademark Office (Fax No. 571-273-8300), on March 16, 2007.

C. Thomas Sylke
Printed name of person mailing paper and fee



Signature of person mailing paper and fee

Mar

16 2007 4:52PM

Sylke Law Offices, LLC

414-431-1317

P.8

**RECEIVED
CENTRAL FAX CENTER**

Information Disclosure Statement By Applicant Pursuant to 37 CFR § 1.97 Dated: March 16, 2007 Sheet 1 of 1		MAR 16 2007
		Application No.: 10/817,128
		Filing Date: 02 Apr 2004
		First Named Inventor: CIOFFI
		Applicant: Adaptive Spectrum and Signal Alignment, Inc.
		Art Unit: 2631 Examiner Name: Sharon, A.
		Attorney Docket No. 0101-p03

U.S. Patent Documents

Examiner Initial	No.	Document No.	Publication Date	Patentee	Class	Sub-class	Filing Date

Foreign Patent or Published Foreign Patent Application

Examiner Initial	No.	Document No.	Publication Date	Country or Patent Office	Patentee	Translation	
						Yes	No

Other Documents

Examiner Initial	No.	Author, Title, Date, Place (e.g. Journal) of Publication			
	C6	Aldana, "Interference Estimation for Multicarrier Systems," Electrical Engineering Department, Stanford University, October 2000 (40 pgs).			

Examiner: Please initial citation considered; draw line through citation if not in conformance and not considered; and include copy of this form with next communication to applicant.